

WE HAVE RECORDS FOR THOSE WHO TESTED IN INDIANA.
IF YOU TESTED IN ANOTHER STATE, CONTACT THAT STATE'S GED ADMINISTRATOR.

www.acenet.edu

APPLICATION FOR RELEASE OF INDIANA GED TEST SCORES/DIPLOMA (circle one or both)

Name:

Last **First** **Middle**

NAME AT TIME OF TESTING:

Telephone Number: _____
(Area Code)

Date of Birth: _____
Month **Day** **Year**

GED Test Year (approximate, if necessary): _____

Location of Testing Center: _____

Mail scores/diploma to:

Name: _____

Address: _____
Street **Apartment #**

City **State** **Zip Code**

Or, fax scores to: _____

I certify that the above information is true to the best of my knowledge and hereby authorize release of my
GED test scores.

APPLICANT'S SIGNATURE:

(Request cannot be processed without the applicant's signature.)

Return this release form to:

**FAX
MAIL**

**317/232-0855
Office of Adult Education
GED Records
151 W. Ohio St.
Indianapolis, IN 46204-2798**